



Office of the Secretary of State  
Corporations & Charities Division

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This Box For Office Use Only

- Filing Fee \$20**
- To Expedite Filing, Add \$50**

**ARTICLES OF AMENDMENT**  
**Washington Nonprofit Corporation**  
**Miscellaneous and Mutual**  
[RCW 24.06](#)

**All fields are required unless otherwise specified**

**(1) UBI No.:** \_\_\_\_\_

**(2) NAME OF CORPORATION:** (as currently recorded with the Office of the Secretary of State)

**(3) BUSINESS NAME CHANGE:** Are you changing your business name? (Check one)  Yes  No

New Name: \_\_\_\_\_

Does the business have a name reserved? (Check one)  Yes  No

If Yes, provide the Name Reservation Number and Name

Reservation Number: \_\_\_\_\_

Reserved Name: \_\_\_\_\_

**(4) PURPOSE OF CORPORATION:** *Required only if changed* (attach additional pages if necessary)

**(5) DURATION:** *Required only if changed* Check **ONE** of the following

This Company shall have a perpetual duration    This Company shall have a duration of \_\_\_\_\_ years.

This Company shall expire on \_\_\_\_\_

**(6) Has your registered agent changed? (Check one)  YES  NO** If Yes, complete page 2

**NEW REGISTERED AGENT:**

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**COMMERCIAL REGISTERED AGENT**

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one)  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

**The Commercial Registered Agent must sign the consent to serve below.**

If No, continue below

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**NON-COMMERCIAL REGISTERED AGENT**

Please complete **ONE** type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> <b>Individual:</b> _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> <b>Business:</b> _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> <b>Office or Position:</b> _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
<b>Registered Agent Street Address (required)</b> (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____      City: _____	<b>Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____      City: _____

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**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

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**Signature of Registered Agent**                      **Printed Name/Title**                      **Date**

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**(7) ADOPTION OF ARTICLES OF AMENDMENT:** Articles of Amendment were adopted by (Check one):

- Adopted by the board of directions without being submitted for member or shareholder action and that member or shareholder action was not required.
  
- Adopted by a meeting of members or shareholders held on (date required) \_\_\_\_\_, a quorum was present at the meeting, and the amendment received at least two-thirds of the votes which members or shareholders and of each class entitled to vote thereon as a class, present at such meeting in person, by mail, by electronic transmission, or represented by proxy were entitled to cast.
  
- Adopted by a consent in writing signed by all members or shareholders entitled to vote.

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**(8) DISTRIBUTION OF ASSETS:** *Required only if changed*

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**(9) GOVERNOR(S):** *Required only if changed*

List at least one. Attach additional pages if necessary. **NOTE: A business cannot serve as its own Governor.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

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**(10) QUALIFICATIONS, RIGHTS & RESPONSIBILITIES OF MEMBERS:** *Required only if changed*

Provide the manner of election, appointment, or admission to membership and termination of membership; and, if there is more than one class of members or if the members of any one class are not equal, the relative rights and responsibilities of each class or member: **Attach additional pages if necessary.**

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**(11) DISSENTION:** *Required only if changed*

Do dissenting shareholders or members have limited return of less than the fair value? (Check one):  Yes  No

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**(12) CAPITAL STOCK:**

Is the entity changing the capital stock? (Check one):  Yes  No **If No, continue to (13)**

If Yes, aggregate number of Authorized Shares: \_\_\_\_\_

- Are there any provisions limiting or denying shareholders the preemptive right to acquire additional shares of the corporation? (check one):  Yes  No
- Will there be more than one class of shares? (Check one):  Yes  No
- If only one class, select the value, **then continue to (13)**. (Check one):  Par Value: \_\_\_\_\_  Without Par Value
- If shares are divided into multiple classes, an attachment stating the number of shares of each class, the par value of the shares or that the shares are without par value, and an outline of [RCW 24.06.025\(5\)\(b\)\(c\)](#) must be submitted either with this filing or through Articles of Amendment prior to the issuance of shares.

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**(13) DISTRIBUTION OF SURPLUS:** *Required only if changed*

Will the business distribute surplus funds to its members, stockholders, or other persons? (Check one):  Yes  No

If Yes, provide the provisions for determining the amount and time of distribution: \_\_\_\_\_

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**(14) EFFECTIVE DATE OF THIS FILING:** Check ONE of the following

Date of filing  Specify a Date: \_\_\_\_\_ (cannot be more than 90 days following received date)

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**(15) RETURN ADDRESS FOR THIS FILING:** *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

**Attention:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**(16) POSTAL MAIL OPT-IN:** By checking the box the entity and Registered Agent will not receive email notifications

The entity wants to receive all notifications to the Registered Agent by postal mail

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**(17) AUTHORIZED PERSON:**

**I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.**

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**Signature of Authorized Person**

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**Printed Name/Title**

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**Date**

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